

BEST AVAILABLE COPY

JAN 26 2005

PATENT & TRADEMARK OFFICE

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/00, OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

PTO/SB/01 7/12-97

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior art information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ → Practice Customer Number Bar Code Label _____

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Frank J. DeRosa	26,543	Leslie Restaino	38,893
Seth H. Ostrow	37,410	Ralph F. Hoppin	38,494
Pamela G. Maher	40,712	Matthew J. Marquardt	40,997
David Loewenstein	35,591	Katrine A. Levin	41,941

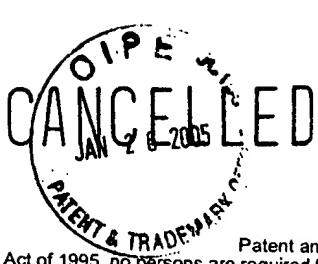
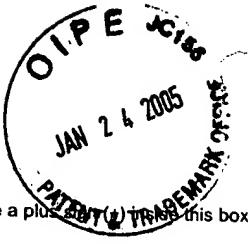
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name: Frederick Yu
Address: Brown Raysman Millstein Felder & Steiner LLP
Address: 900 Third Avenue
City: New York State: NY ZIP: 10022
Country: USA Telephone: (212) 895-2000 Fax: (212) 895-2900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle if any)			Family Name or Surname				
Vivian			PECUS				
Inventor's Signature	<i>Vivian Peers</i>					Date	12/24/04
Residence: City	Falls Church	State	VA	Country	USA	Citizenship	USA
Post Office Address	3731 B Madison Lane						
Post Office Address							
City	Falls Church	State	VA	ZIP	22041	Country	USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



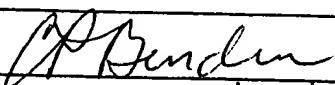
Please type a plus sign (+) in this box →

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Christopher		BENDEN						
Inventor's Signature							Date	11/24/01
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA	
Post Office Address	8468 Guinea Station Road							
Post Office Address								
City	Woodford	State	VA	ZIP	22580	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname						
David Lynn		BULLOCK						
Inventor's Signature							Date	
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA	
Post Office Address	2875 Bonds Lake Road NW							
Post Office Address								
City	Conyers	State	GA	ZIP	30012	Country	USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname						
Philip C.		LAUSIER						
Inventor's Signature							Date	
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA	
Post Office Address	1005 Iron Mountain Road							
Post Office Address								
City	Canton	State	GA	ZIP	30115	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Christopher		BENDEN						
Inventor's Signature							Date	
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA	
Post Office Address	8468 Guinea Station Road							
Post Office Address								
City	Woodford	State	VA	ZIP	22580	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
David Lynn		BULLOCK						
Inventor's Signature	<i>David Lynn Bullon</i>						<i>11/30/01</i>	Date
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA	
Post Office Address	2875 Bonds Lake Road NW							
Post Office Address								
City	Conyers	State	GA	ZIP	30012	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Philip C.		LAUSIER						
Inventor's Signature							Date	
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA	
Post Office Address	1005 Iron Mountain Road							
Post Office Address								
City	Canton	State	GA	ZIP	30115	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

O I P E J C I S
JAN 24 2005
P A T E N T & T R A D E M A R K O F F I C E

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Christopher		BENDEN						
Inventor's Signature							Date	
Residence: City	Woodford	State	VA	Country	USA	Citizenship	USA	
Post Office Address	8468 Guinea Station Road							
Post Office Address								
City	Woodford	State	VA	ZIP	22580	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
David Lynn		BULLOCK						
Inventor's Signature							Date	
Residence: City	Conyers	State	GA	Country	USA	Citizenship	USA	
Post Office Address	2875 Bonds Lake Road NW							
Post Office Address								
City	Conyers	State	GA	ZIP	30012	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Philip C.		LAUSIER						
Inventor's Signature	<i>Philip C. Lausier</i>						Date	<u>11/28/01</u>
Residence: City	Canton	State	GA	Country	USA	Citizenship	USA	
Post Office Address	1005 Iron Mountain Road							
Post Office Address								
City	Canton	State	GA	ZIP	30115	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Mark Russell		KALMBACH					
Inventor's Signature	<i>Mark Russell Kalmbach</i>						Date <u>12/3/2001</u>
Residence: City	Round Rock	State	TX	Country	USA	Citizenship	USA
Post Office Address	2928 Cedar Crest Circle						
Post Office Address							
City	Round Rock	State	TX	ZIP	78664	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box →

PTO/SB/02C (3-97)

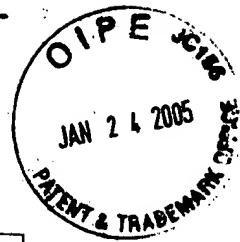
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a
valid OMB control number.

**REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
Silvana Merlino	44,237		
Frederick Yu	45,251		
Brooke W. Quist	45,030		
James W. Woods	47,184		
Mauri Aven	42,275		
Franklin Abrams	43,457		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/02B (3-97)

PTO/SB/028 (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

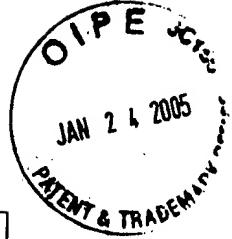
Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)
60/275,795	March 13, 2001
60/275,804	March 13, 2001
60/275,813	March 13, 2001
60/275,815	March 13, 2001
60/275,816	March 13, 2001
60/275,817	March 13, 2001

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/02B (3-97)

PI-0/SB/02B (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)
60/275,825	March 13, 2001
60/275,826	March 13, 2001
60/275,827	March 13, 2001
60/275,838	March 13, 2001

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.